

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10579457

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		3		1		
5	1		1			
6	1		1			
7		1		1		
8		1		1		
9		3		1		
10	1		1			
11		1		1		
12		2		1		
13		0		1		
14	1		1			
15		1		1		
16		2		1		
17		2		1		
18		0		1		
19	1		1			
20		1		1		
21		2		1		
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50						
TOTAL IND.		↓	6	↓		↓
TOTAL DEP.	←	15	←		←	
TOTAL CLAIMS			21			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						